

Taylor (R. W.)

CLINICAL NOTES

ON

LICHEN PLANUS.

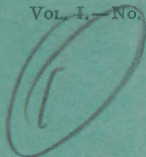
BY

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SURGEON OF THE NEW YORK DISPENSARY; DEPARTMENT OF VENEREAL AND SKIN DISEASES.

FROM ARCHIVES OF DERMATOLOGY.

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CLINICAL NOTES ON LICHEN PLANUS.

BY R. W. TAYLOR, M. D.,

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MY object in presenting this paper is to call attention to the existence of a somewhat peculiar skin disease which, though recognized as occurring rather infrequently in England, has not, to my knowledge, been observed and described in America. The description of it was first carefully given by *Wilson of England, and it is in consequence of his writings that it has been accepted as a distinct form of lichen, which that writer, from one of its distinguishing features, has called *lichen planus*. It has been my good fortune to meet with four such cases at the Skin Clinic of the College of Physicians and Surgeons, and under the circumstances I have thought them worthy of publication. I am led to believe, from conversations with persons who see large numbers of skin diseases, as well as by reference to published statistical tables, that it is not of frequent occurrence, and the fact that during a period of eight years we have had but four cases at the College Clinic, also supports that view, and †Wilson, in speaking of the rarity of its occurrence, says that he met with fifty cases among ten thousand miscellaneous cases of skin disease. Perhaps when attention is called to the trouble, other observers will meet with and report cases. I am indebted to Prof. Wm. H. Draper for permission to use the cases.

Case 1. — Sarah Sexton, aged 30, a domestic, of healthy parentage, had always been perfectly well. She was a maiden, and had never had any disturbance with her menstrual functions. She was well built and tolerably stout. She had never before had any eruption upon the skin, and her family was said to have been free from such. In February, 1870, she noticed that an eruption

*Journal of Cutaneous Medicine, vol. 3, page 117; 1869.

†Journal of Cutaneous Medicine, vol. 3, page 121. 1869.

appeared upon the inner aspect of the left fore-arm, which soon became developed upon the inner aspect of right arm, and then slightly upon the outer aspect of each. In a week the same eruption following a similar course invaded the thighs and legs. She described the itching as being intolerable, and said that when she looked at the spots that they appeared like little glittering heads, and that they were slightly star shaped. She suffered with the trouble, using simple domestic remedies, for a month, when she applied at the college. The patches of eruption upon the inner aspects of the arms were larger than those on the outer, and were confined chiefly to the middle thirds, though extending in a scattered form slightly beyond, not going below the wrist, however. They were about six inches in length and three in width. Those on the outer aspects were about four inches long by two wide. The distribution was similar upon the thighs, but on the legs it was chiefly seated on the inner and anterior aspect, being here rather sparse. Between the large patches upon the arms and legs small groups and isolated papules were to be seen, together with spots of healthy skin. There were also a few irregularly scattered papules upon the abdomen. There were evidences of the parts having been scratched, but the lesion had not been at all obscured by the act. A minute description of one patch will answer for all. Toward the periphery were to be seen papules of varying sizes, from that of a pin's head to a line in diameter, a few being even two lines in diameter. These papules were quite flat, elevated in their maximum to a height of about one half of a line and in some, the largest ones in particular, a slight depression of the centre was seen. Rising quite abruptly from the plane of the integument they were quite angular at their edges and did not round off in the manner observed in some forms of the syphilitic papule. Their shape varied, some, especially the largest, were angular and even slightly star shaped, others merely round, the smallest being of the latter form. Their color was peculiar, being of a pronounced purple or violaceous hue. The smallest, however, were red and as they increased in size it was noticed that the purple tint became more marked. The redness, however, was not bright but rather deep. In structure they seemed composed of firm epidermal tissues and they were evidently developed in the superficial portions of the derma and the subcutaneous structures were not involved, there being

no œdema. Indeed, in pinching the skin it was clearly perceived that there was very little infiltration, if any, in the subcutaneous structure. The amount of scaling was very slight, though it was evident by the fissures through the superficies of papules that there was an abnormally thick epidermal layer, this latter was quite firmly adherent and very little desquamation occurred; while the surface of the majority of the papules was flat, upon that of others a very slight depression was present, which corresponded with the orifice of the follicles. In some exceptional instances a perceptible thickening of the tissues just around a follicle from which a hair arose was seen. In many of the smallest papules it was evident that their origin was in the tissues immediately around the follicles, as there was a well marked, but, of course, very minute central depression. As said before, there were slight and superficial fissures through the epidermal layer of the papules, and their aspect was peculiar being glistening in color, or as Wilson describes, having a mica-like appearance. The fissures were chiefly developed in the surface lines of the skin. The violaceous color, the micaceous film and the slight fissuration were the peculiar and striking features of these papules. Then also their somewhat angular outlines and flat surface, also contributed to the whole aspect. If the surface of the papules was examined by pricking with a sharp instrument, it was readily perceived that the micaceous covering was quite adherent and indeed that very little of it passed away in desquamation. Indeed, as remarked by Wilson, about his cases, this process did not seem to be active as there were at the most a few scales which were breaking off from the surfaces of papules generally, but there was no evidence of abnormally active epidermal proliferation. In some parts of the patches mature papules had fused together, still if carefully examined, their contours could be made out. Others again, had undergone full development, and were subsiding and being slightly raised above the plane of the integument, they consisted of a somewhat thickened epidermis with the peculiar appearance already described. Again, there were spots in the center of the patches where no papules were present, but the skin, not at all thickened or desquamative, was very darkly pigmented. This pigmentation was of a dark brown or coppery appearance similar to that observed after the subsidence of syphilitic lesions of the skin. The distribution of this discolor-

ation was in some places in the form of large patches and in others in the form of spots about the size of the largest papules; the patches being in the centre, the smaller spots toward the periphery. To complete the picture it is necessary to add that pigmented skin occupied nearly the centre of the morbid patches, the larger papules were distributed immediately around it and the smaller or developing papules were at the extreme periphery. Amidst the small papules were minute erythematous spots, the evident stage of development of those lesions. Some of these spots seemed to be situated around the hair follicles. Such were the minute and general features presented by the eruption. When the pigmented skin was pinched up in folds, no perceptible thickening was felt.

Inquiry into the condition of health of the patient gave no explanation as to the cause of the eruption, and except that she was somewhat debilitated and that her urine was scanty and contained abnormal quantities of urates and oxalate of lime, there were no pathological indications upon which to base a constitutional treatment. She was ordered to take, three times daily, thirty grains of citrate of potassa, with five of citrate of iron and quinine, dissolved in a wineglass of water. The local treatment consisted in the daily use of warm alkaline baths with frictions twice daily, with the *tinctura saponis cum pice* of Hebra. To alleviate paroxysms of itching, she was supplied with an ointment consisting of simple ointment one ounce, oil of cade one drachm, and powdered camphor two drachms. It was suggested to her to keep the parts smeared with this ointment during the intervals of application of the tincture, but owing to her occupation she could not fully follow out the advice. Under this treatment the eruption rapidly subsided, and in three weeks had disappeared, leaving the peculiar pigmented stains. I observed that the patches which were composed of small undeveloped papules were not as much pigmented as those were upon which the mature papules were seated. This is explained by the fact that the congestion was of shorter duration in one place than in the other, and that the inflammatory processes not having gone on to full development had been cut short by treatment. In order to know how long this pigmentation of the skin would continue I followed up the case carefully, and found that it disappeared very slowly, and that six months elapsed before it had fully disappeared. There was

then no trace of pre-existent lesion, though the patient stated that she had suffered from slight pruritus of the parts formerly affected for some months.

Case 2. — Elizabeth B., aged 61, a thin, delicate woman came to the college on the 9th of October, 1869. She had been the mother of a family and during her life she had enjoyed average health, of late years she had suffered from chronic rheumatoid arthritis. She had never before had an eruption of the skin, and she thought that her family had been free from such. During the latter years of her life, she had been very poor and had lived on a scanty sustenance, which she obtained from friends and from a religious charity. Three months before her application at the college, she had experienced intense pruritus in the fore arms and thighs, and she soon observed an eruption, which she spoke of as glossy spots. Beginning quite locally in a patch about two inches in area, the eruption had gradually invaded the greater part of the fore arms, involving both inner and outer aspects, more thickly the latter, however. Upon examination, I found an eruption of papules which presented all the features of case No. 1, there being no variation except that in this case it was rather more copious. There were the same papules in all stages, and in the central portions pigmented spots. The eruption increased at its periphery by the development of more or less isolated papules, and it was evident that the arms would soon be the seat of a similar eruption. The history of the woman indicated debility as the probable cause of the eruption, perhaps aggravated by her arthritic diathesis. She was treated after the manner of case No. 1. Her eruption ceased to extend after the commencement of treatment, and it had disappeared at the end of a month. In this case, as the woman ceased to attend a month after the cure, I was unable to observe as to the persistency of the pigmentation. When last seen, little, if any, change was to be noted.

Case 3. — Amelia H., an enormously fleshy woman, the mother of a large family, came to the college October 5, 1870. She had enjoyed good health during her life, but had suffered from an acid dyspepsia. A month previous to her first visit she had experienced great itching upon the arms, shoulders, over the hypogastrium, buttocks, legs and feet. She soon noticed an eruption, and when examined it was found to present the same features as the two previous cases. She was ordered to take thirty grains of

acetate of potassa thrice daily, to use baths and the same external remedies as the other cases. The result of treatment, however, was not as satisfactory, for at the end of a month, there was very little change in the appearance of the old eruption, and new papules were seen developing. It so happened that Prof. Boeck of Christiana had called, by invitation, at the college, and the case was shown to him. He said that he thought that it would be benefited by such agents as would supply large quantities of oxygen to the blood, and suggested that she should take twenty grains of chlorate of potassa in about four ounces of water, fifteen minutes after each meal, and twenty drops of dilute nitric acid in a wineglass of water, fifteen minutes after the potassa. The result of this treatment was remarkable, as at the end of a week marked amelioration had occurred in the pruritus, which steadily decreased. Coincidentally the papules subsided, no new ones appeared, and in six weeks the woman was well. In her case the eruption was very copious, and being a very large woman, there was much of it. It was particularly thick on the dorsum of the feet and near the instep, and impeded locomotion very much. Her abdomen was very large and pendulous upon the thighs, and upon these coapting surfaces the papules, particularly the largest ones, owing to sweat, assumed somewhat the appearance of mucous patches, but they did not become excoriated, nor did they secrete any fluid. The manner in which this case was benefited by this treatment was remarkable. It certainly goes to prove that there are at least some skin lesions which have as their origin an internal cause. As regards the eruption, it presented the same general features observed in the other cases except that at the instep the papules formed quite large patches or plates, and the fissures were deeper than elsewhere.

Case 4. — Leopold K., aged 38, clerk, came to the college October 27, 1873. He stated that he had always been perfectly healthy, had never had any lesions of the skin, and that he knew of no cause for his present trouble. Inquiry as to whether he had become debilitated during the summer, developed the information that such was not the case. He stated that two weeks prior to his visit, he had experienced itching about the arms and shoulders, and that soon a rash was observed. This condition, in a few days, involved the trunk, and almost at the same time, the legs were attacked. He did not feel at all sick during the evolu-

tion of the rash, and he stated that he did not think that he was feverish. The temperature was found to be normal. Upon examination, I found that the greater part of the body was covered with the peculiar papules already described. There were regions, however, such as the prominence of the shoulders, the buttocks and the inner aspect of the arms where they were more numerous. There were also some few papules upon the palms, none on the soles. The papules in this case were not as large as in the other cases, but they presented the same features as the others. When the man was examined in a nude condition, the peculiar glistening and dead-red or violaceous color of the eruption presented a strange appearance. There was rather more inter-papular erythema in this case than in the others, and this condition gave the eruption the appearance of being more extensive than it really was. There was no infiltration whatever. When the hand was passed over the skin, it was found to have a dry and smooth feel, and it was evident that the man did not perspire very much. When asked, he said that he did not. The sensation given to the touch when the hand was passed over the skin, was similar to that given by a soft smooth piece of leather, thus examined. There being no error of the economy to account for the eruption, the treatment consisted in the administration of an alkaline diuretic, namely: potassa acetate, gr. xxx. three times a day, with two cathartic pills every second day for a constipation which existed. Locally alkaline and bran baths were administered every night the body having been rubbed two hours previously with the *tinctura saponis cum pice* of Hebra. This was rubbed into the skin in the morning and then the patient without washing it off protected his clothing by means of soft cotton under-shirt and drawers. The relief to the man's suffering was immediate, and it was readily seen that the eruption was benefited. This line of treatment was followed with great care by the patient for five weeks, at which time he was considered cured. His appearance then was striking, as the mottling of the skin, or rather its quite general pigmentation gave him a brown color much darker than normal. During the whole period very little, if any, desquamation occurred. The patient has remained well since. The pigmentation disappeared in three months.

I think that these cases can certainly be classed as belonging to the affection which Wilson calls *lichen planus*, and

which he thus graphically and succinctly describes: "Lichen planus is an eruption of pimples remarkable for their color, their figure, their structure, their habits of isolated and aggregated development, their habitat, their local and chronic character, and for the melasmic stains which they leave behind them when they disappear." Going on he alludes to their crimson or lilac tinge, their figure, structure, etc. The evolution of these papules will be seen to be rather slow in three cases and quite rapid in the fourth, so it is fair to presume that both of these conditions will be found again. Wilson speaks of an unsymmetrical development of the rash, this was not observed in my cases. He further speaks, quite fully, of the discrete and aggregated distribution of the papules, both of these forms could be quite well observed in three of my cases. In but one were the palms affected and here the papules were very ill defined, and did not have the peculiarities of the general eruptions. Considering the great extent of the eruption in case No. 4, it is somewhat singular that constitutional symptoms were not present, and I am induced to look upon this absence as a diagnostic point between the present eruption and the erythematata. It is interesting to know, as proved by two of my cases, that the melasmic staining or pigmentation of the skin is not permanent, as this might become an interesting question to be settled for the patient. As this paper is intended chiefly to call attention to the existence of this eruption, and as a systematic description has already been given by Wilson and by Tilbury Fox, I shall not enter into the matter of diagnosis. I would say, however, upon the question as to whether this is an eruption *sui generis*, that, in my opinion, it is. Certainly its features, course and decline, and the condition of the skin after its subsidence, point clearly to the fact that it is not a form of eczema, so manifest is this that comparison is wholly unnecessary. The same remarks apply to the supposition that it is a form of erythema, and I have already, in an article upon the papular syphilides,* called attention

* Observations on the Papular Syphilides, American Journal of Syphilography and Dermatology, April, 1870. Page 114.

to the differences to be observed between syphilitic papules and those of lichen planus. As to the etiology of the affection, two of my cases are of value as suggesting probable causes. In the second case, that of the old woman aged sixty-one, debility from want of proper food, a condition perhaps qualified by the well demonstrated arthritic diathesis, was undoubtedly the cause. In the third case, in which so much benefit was derived from the active administration of agents yielding oxygen to the blood, there is perhaps cogent evidence that the eruption arose from some error of assimilation, upon which there are so many chemical theories, but which as an entity certainly exists in some cases. The case as an evidence of the occasional striking value of therapeutics is certainly an instructive one, and as a prototype it may be of benefit in this connection. Whether errors of assimilation existed in cases Nos. 1 and 4, I am unable to say. In the first there was scanty secretion of urine and copious deposit of urates, conditions improved by alkaline diuretics with coincident improvement of the eruption. In the former case, there being no demonstrable error of any of the functions, it is questionable how much benefit the alkaline diuretic produced, as the topical treatment was certainly of a character and of sufficient activity to cause a subsidence of the eruption. From this case I think no therapeutical deductions can be drawn. Wilson thinks that this skin affection is similar to the *lichen ruber* of Hebra. My friend, Dr. Fox, whose* description in the last edition of his work is admirable, thinks that the form in which the rash is general, is similar to Hebra's disease, and my studies in my fourth case which was of this variety, lead me to the same conclusion. It is certain that the two forms which are well illustrated by my cases, namely, the localized and the general, are examples of the same disease, and this leads me to think that it perhaps reaches a greater intensity in Austria than in England or America. This is a point often noticed in other diseases. As this article is merely a contribution to the subject, I would suggest to those to whom it is new to consult the excellent descriptions of Wilson and Fox.

* Skin Diseases, London, 1873. p. 144 *et seq.*

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